

Vermette & Co.

Barristers & Solicitors
Patent & Trademark Agents

Box 40, Granville Square
Suite 230, 200 Granville Street
Vancouver, British Columbia
CANADA V6C 1S4

Telephone: (604) 331 0381
Facsimile: (604) 331 0382
E-mail: ip@vermetteco.com
Website: www.vermetteco.com

April 29, 2004

VIA FAX NO. 011-49-89-2399-4465
CONFIRMATION BY COURIER

European Patent Office
International Preliminary Examination Authority
D-80298 Munich
Germany

Dear Sirs/Mesdames:

Re: PCT Application No. PCT/CA03/01534
Int'l Filing Date: October 3, 2003
Title: METHOD OF COMBINING DATA ENTRY OF HANDWRITTEN
SYMBOLS WITH DISPLAYED CHARACTER DATA
Applicant: Human Interface Technologies Inc. et al.
Inventors: Evan Graham
Priority: United States Patent Application No. 10/263,797
filed October 4, 2002
Our File: 2339-101

Applicant requests a detailed non-rationalized preliminary examination.

Please find enclosed the following documents:

1. Demand for International Preliminary Examination under Chapter II, Article 31 of the Patent Cooperation Treaty;
2. Fee Calculation Sheet; and
3. Bank draft in the amount of 1659 Euro in payment of the preliminary examination fee and handling fee.

We trust you will find the above to be in order.

Yours truly,

VERMETTE & CO.



Clifford W. Vermette
Agent for the Applicant

CWV/jla
encl.

IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference 2339-101	
International application No. PCT/CA03/01534	International filing date (day/month/year) 03 October 2003 (03.10.2003)
(Earliest) Priority date (day/month/year) 04 October 2002 (04.10.2002)	
Title of invention METHOD OF COMBINING DATA ENTRY OF HANDWRITTEN SYMBOLS WITH DISPLAYED CHARACTER DATA	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HUMAN INTERFACE TECHNOLOGIES INC. 3001 - 867 Hamilton Street Vancouver, British Columbia V6B 6B7 Canada	
Telephone No. 604-602-0683	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GRAHAM, Evan 511 Cardiff Way Port Moody, British Columbia V3H 3T2 Canada	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	
State (that is, country) of residence:	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

VERMETTE & CO.
 Box 40 Granville Square
 230 - 200 Granville Street
 Vancouver, British Columbia
 V6C 1S4 Canada

Telephone No.

604-331-0381

Facsimile No.

604-331-0382

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

- ☒ the international application as originally filed
- the description ☒ as originally filed
☐ as amended under Article 34
- the claims ☐ as originally filed
☒ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34
- the drawings ☒ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|--|---|-------|--------|
| 1. translation of international application | : | _____ | sheets |
| 2. amendments under Article 34 | : | _____ | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | 6 | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | 1 | sheets |
| 5. letter | : | 1 | sheets |
| 6. other (<i>specify</i>) | : | _____ | sheets |

For International Preliminary Examining Authority use only

received	not received
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Vermette & Co.
Agent for the Applicant

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/CA03/01534	For International Preliminary Examining Authority use only			
Applicant's or agent's file reference 2339-101	Date stamp of the IPEA			
Applicant Human Interface Technologies Inc.				
CALCULATION OF PRESCRIBED FEES				
1. Preliminary examination fee	1530	P		
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	129	H		
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1659 </div>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TOTAL </div>				
MODE OF PAYMENT				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): </td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>):
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>):			
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;"> IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____ </td> </tr> </table>			<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____
<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____			